

ORDER FORM TO PURCHASE CALIFORNIA'S NON-CONFIDENTIAL VITAL STATISTICS CD-ROM FILES

Additional copies of this order form can be downloaded from the Center for Health Statistics website at: <http://www.dhs.ca.gov/hisp/chs/OHIR/Publication/publicationindex.htm>

ORDERING INFORMATION

To purchase copies of the Vital Statistics non-confidential data files on CD-ROM, please complete the attached order form. Files are also available with personal identifiers*. Please see the section below for further information on obtaining confidential files with personal identifiers.

- Please read and sign the agreement on the second page of the order form. **Note that signature is provided under penalty of perjury.**
- Please note that notarized proof of identity is required for the person signing the agreement.
- Please enclose your **check or money order** payable to the Department of Health Services.

We cannot accept credit cards or send files via purchase orders.

Payment must be received before files are released.

If an invoice is needed in order to process a check, please contact Jan Christensen at the telephone number or e-mail below:

Please mail the completed order form and check or money order to:

Department of Health Services
Office of Health Information and Research
Attn: Jan Christensen, Research Analyst
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

Phone: (916) 552-8095

E-Mail: Jchrist1@dhs.ca.gov

Please do not mail checks or money orders without a copy of the application or an invoice. Checks sent alone may result in a significant delay in processing the request.

***Confidential Files Including Personal Identifiers:**

Personal Identifiers are those fields that could identify an individual, such as Names, State File Numbers, and/or Social Security Numbers. These fields are confidential and approvals are required to obtain a file that includes Personal Identifiers. On death files, only Mother's Maiden Name and Social Security Number are confidential.

For more information on obtaining approvals and ordering files with confidential personal identifiers, please contact Jan Christensen at the telephone number or e-mail above.

To order files on Mainframe tape or for further information, please contact Jan Christensen at the telephone number or e-mail above.

ORDER FORM TO PURCHASE CALIFORNIA'S NON-CONFIDENTIAL VITAL STATISTICS FILES

Name:			Date:		
Title:			Organization:		
Street Address:				City:	
State:	Zip Code:	Phone:	Fax:		
E-Mail Address:					

NOTE: The files below do not include personal identifiers of any kind. To apply for access to confidential files including personal identifiers, please contact Vital Statistics at (916) 445-6355.

CD-ROM Files:	Year(s) Requested:	Cost:	Total:
<input type="checkbox"/> Birth Statistical Master File: (Years Available: 1960 – 2002)	Indicate Year or Years Requested: _____	\$200/year	\$
<input type="checkbox"/> Birth Public Use File: (Sub-set of Birth Statistical Master File)	<div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 2001</div> <div><input type="checkbox"/> 2002</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1989-99</div> <div><input type="checkbox"/> 2000</div> </div>	\$100 for each single-year file. \$200 for each multi-year file.	\$
<input type="checkbox"/> Birth Cohort File: (No File For 1998) (Years Available: 1960; 1965-1997, 1999, 2000)	Indicate Year or Years Requested: _____	\$250/year	\$
<input type="checkbox"/> Death Statistical Master File:	<div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1999</div> <div><input type="checkbox"/> 2000</div> <div><input type="checkbox"/> 2001</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1980-88</div> <div><input type="checkbox"/> 1989-98</div> </div> <div><input type="checkbox"/> 1970-79</div>	\$150 for each single-year file. \$300 for each multi-year file.	\$
<input type="checkbox"/> Death Public Use File: (Sub-set of Death Statistical Master File)	<div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 2000</div> <div><input type="checkbox"/> 2001</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1989-98</div> <div><input type="checkbox"/> 1999</div> </div>	\$100 for each single-year file. \$200 for each multi-year file.	\$
<input type="checkbox"/> Merged Death File:	<div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1990-94</div> <div><input type="checkbox"/> 1995-99</div> <div><input type="checkbox"/> 2000-01</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1975-79</div> <div><input type="checkbox"/> 1980-84</div> <div><input type="checkbox"/> 1985-89</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1960-64</div> <div><input type="checkbox"/> 1965-69</div> <div><input type="checkbox"/> 1970-74</div> </div>	\$200 for each five-year file. \$150 for the 2000-01 file.	\$
<input type="checkbox"/> Multiple Cause of Death File: (Years Available: 1970 – 2000)	Indicate Year or Years Requested: _____	\$100/year	\$
<input type="checkbox"/> Fetal Death Statistical Master File:	<div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1999</div> <div><input type="checkbox"/> 2000</div> <div><input type="checkbox"/> 2001</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="checkbox"/> 1980-88</div> <div><input type="checkbox"/> 1989-98</div> </div> <div><input type="checkbox"/> 1970-79</div>	\$ 50 for each single-year file. \$200 for each multi-year file.	\$
Total Enclosed (No Tax, Shipping, or Handling Fees)			\$

Please complete both pages of this form. Please sign and notarize the agreement on the next page.

Mail the completed form and check to:

Please make the check payable to:
Department of Health Services

Department of Health Services
Office of Health Information and Research
Attn: Jan Christensen, Research Analyst
MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410

Proposed Use(s) of Data Files (Attach additional sheets if necessary)

Vital Statistics Access Agreement (Signature Required)

I, the undersigned, under penalty of perjury under the laws of the State of California, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files provided under this agreement or any portion thereof. I agree not to use files for purposes not described in this agreement without contacting the Center for Health Statistics. I agree that the files or portions of the files will not be posted on the Internet except as provided by law [Health and Safety Code 102231(e)] and will not be used for fraudulent purposes. I understand that per Health and Safety Code, Sec. 102426, the mother's marital status field on birth files may only be used for "demographic and statistical analysis." Utilization of vital statistics files in any way to identify an individual without formal approval of CPHS and the State Registrar is strictly prohibited. I understand that linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475). I understand that violation of this agreement or violation of Health and Safety Code Section 102231 is a misdemeanor punishable by one year in jail and/or a fine of \$1,000 (Health and Safety Code, Sec. 102232).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Health Services, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Health Services, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Health Services, Center for Health Statistics.

User's
Signature: _____ Date: _____

Printed Name: _____ Title: _____

Certificate of Acknowledgement

State of _____)
County of _____) ss

On _____, before me personally appeared _____,

- ☐ personally known to me, or
- ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE

Center for Health Statistics (CHS) Use Only

CHS Rev. Code: 142500-05-84306-4835

CHS
Authorization: _____ Date: _____

Application is complete: _____

Michael L. Rodrian, Chief, Center for Health Statistics, Department of Health Services